

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10602721

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51	/							
2	/						52	/							
3	/						53	/							
4	/						54	/							
5	/						55	/							
6	/						56	/							
7	/						57	/							
8	/						58	/							
9	/						59								
10	/						60								
11	/						61								
12	/						62								
13	/						63								
14	/						64								
15	/						65								
16	/						66								
17	/						67								
18	/						68								
19	/						69								
20	/						70								
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37	/						87								
38	/						88								
39	/						89								
40	/						90								
41	/						91								
42	/						92								
43	/						93								
44	/						94								
45	/						95								
46	/						96								
47	/						97								
48	/						98								
49	/						99								
50	/						100								
TOTAL IND.	5		5		5		TOTAL IND.	5		5		5		5	
TOTAL DEP.	53		53		53		TOTAL DEP.	53		53		53		53	
TOTAL CLAIMS	58		58		58		TOTAL CLAIMS	58		58		58		58	